



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Andre Kaup
Appl. No.: 09/463,271
Filed: January 24, 2000
Conf.: 6121
Title: METHOD FOR STORING SEARCH FEATURES OF AN IMAGE SEQUENCE
Art Unit: 2625
Examiner: A. Carter
Docket No.: 112740-408

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

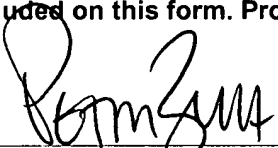
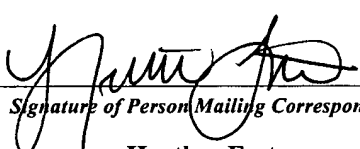
Dear Sir:

In response to the final Office Action dated January 24, 2005, Applicant herein amends the above-identified application and responds as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.

AP/2625 LPW

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 112740-408	
Applicant(s): Andre Kaup						
Application No. 09/463,271	Filing Date January 24, 2000	Examiner A. Carter	Customer No. 29177	Group Art Unit 2625	Confirmation No. 6121	
Invention: METHOD FOR STORING SEARCH FEATURES OF AN IMAGE SEQUENCE						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	10 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: April 22, 2005			
Peter Zura Reg. No. 48,196 Bell, Boyd & Lloyd LLC P.O. Box 1135 Chicago, Illinois 60690-1135 Phone: (312) 807-4208			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>April 22, 2005 (Date)</p><p> _____ Signature of Person Mailing Correspondence</p><p>Heather Foster Typed or Printed Name of Person Mailing Correspondence</p></div>			
CC:						